Medical Technology

NBRC-RRT

National Board for Respiratory Care: Registered Respiratory Therapist

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Question: 1

The respiratory therapist is evaluating a patient who has a BMI of 29.4. Which of the following BEST describes this patient's weight?

A. The patient is a healthy weight
B. The patient is morbidly obese
C. The patient is obese
D. The patient is overweight

Answer: D

Explanation:
The BMI categories are:
• < 18.5, underweight
• 18.5-24.9, healthy weight
• 25.0-29.9, overweight
• > 30, obese
• > 35, morbidly obese
The patient's BMI of 29.4 makes the patient overweight, but not obese.

Question: 2

The respiratory therapist is performing a two-point calibration on a blood gas analyzer when one result is outside the control limits. What is the BEST action to take?

A. Rerun the calibration and compare to previous control media analyses
B. If none of the other controls are outside the control limits, continue to use the analyzer
C. Have the analyzer serviced
D. Change the frequency of two-point calibrations to once every four hours until the result is within the control limits

Answer: A

Explanation:
Random errors can occur when an isolated result is outside the control limits, and it does not mean that there is an error with the control media or with the analyzer. The calibration can be rerun, but the record of previous analyses should be evaluated to ensure that the frequency of random errors is not increasing.
The analyzer should be serviced if the repeat calibration continues to be outside the control limits or if previous control media analyses indicate an increasing frequency of errors. The analyzer should not

continue to be used until it is verified that this was a random error. Calibrating more frequently is not correct.

Question: 3

You are caring for a seven-year-old male who has active varicella-zoster virus and has draining lesions. Which of the following precautions are necessary for this patient?
1. Standard
2. Contact
3. Contact plus
4. Droplet
5. Airborne

A. 1 and 4
B. 1 and 5
C. 2 only
D. 1, 2, and 4

Answer: B

Explanation:
Varicella-zoster virus is the virus that causes chickenpox and is an airborne virus. There are two answers that may be considered correct depending on the point of view of the reader. Standard precautions and airborne are both certainly needed. The presence of draining lesions may lead some to consider contact precautions; however, others would argue that standard precautions includes the use of a gown whenever contact with bodily fluids is possible or likely. The latter is technically correct, and the former is not one of the options, making 1 & 5 the only possible correct answer.

Question: 4

The respiratory therapist is evaluating a two-year-old female with mumps. The child's parents ask the respiratory therapist why the patient is on isolation precautions. Which of the following answers is CORRECT?

A. "Her infection can be transmitted through direct contact with her bodily fluids."
B. "Her infection can be transmitted to others through particles that remain suspended in the air and can travel a large distance."
C. "Her infection can be transmitted through her feces."
D. "Her infection can be transmitted to others through little droplets that can travel up to six feet."

Answer: D

Explanation:
Mumps is an infection that is transmitted by droplets. Describing her infection as something that can be transmitted to others through little droplets that can travel up to six feet is correct.

Describing her infection as something that can be transmitted to others through particles that remain suspended in the air describes airborne precautions and is incorrect. Describing her infection as something that can be transmitted through direct contact with her bodily fluids or through the fecal-oral route is also incorrect.

Question: 5

In which of the following situations would priming a pressurized meter-dose inhaler (pMDI) be UNNECESSARY?

A. Before a routine dose using the pMDI
B. When the pMDI has not been used for several days
C. Before the first use of the pMDI
D. When the operator is unsure if the pMDI is working

Answer: A

Explanation:
A pressurized meter-dose inhaler (pMDI) should always be primed before the first use and when it has not been used for several days. This helps to eliminate the dead space that may reduce the dosage of medication administered. The operator of the pMDI can also prime it to evaluate its function and ensure that a dose is still being delivered correctly.
Priming a pMDI before a routine dose is not necessary if there is no indication for priming.

Question: 6

A patient apnea-hypopnea index (AHI) indicates that the patient has mild sleep apne
a. In what range is this patient's AHI?
A. 0-5
B. 15-30
C. 30-45
D. 5-15

Answer: D

Explanation:
A patent's AHI represents the number of apneic and hypopneic episodes occurring per hour while a patient is sleeping. An AHI interpretation depends on the following ranges:
• < 5, normal
• 5-15, mild sleep apnea
• 15-30, moderate sleep apnea
• >30, severe sleep apnea
A patient with mild sleep apnea will have an AHI between 5 and 15.

Question: 7

When determining the Global Initiative for Chronic Obstructive Lung Disease (GOLD) stage of COPD, which of the following considerations is important?

A. The FEV1 must be measured in the evening
B. The FEV1 must be measured after the administration of a bronchodilator
C. The patient must have a FEV1/FVC of less than 80%
D. The FEV1 cannot be accurately measured if the patient is on oxygen

Answer: B

Explanation:
The FEV1 (forced expiratory volume over one second) must be measured after the administration of a bronchodilator when evaluating the patient's stage of COPD using the GOLD standard.
The patient must have a FEV1/FVC of less than 70%, not 80%, to be assessed using this standard. The time of day that the FEV1 is measured is not a consideration. The patient's use of oxygen should not impact their FEV1.

Question: 8

Which of the following characteristics of pulmonary function studies would NOT be expected in a patient who has asthma?

A. Decreased FEV1/FVC
B. Decreased FEV1
C. Decreased FVC
D. Decreased RV

Answer: D

Explanation:
RV (residual volume) will be increased in a patient who has asthma, not decreased.
The FEV1 (forced expiratory volume over one second), FVC (forced vital capacity), and FEV1/FVC are all expected to be decreased in patients with asthma.

Question: 9

What is the intended purpose of a high-frequency chest wall compression device?

A. It provides a non-invasive technique for improving sputum clearance
B. It provides positive expiratory pressure that manages secretions
C. It provides cardiopulmonary circulation during a cardiac arrest
D. It provides intrapulmonary percussive ventilation

Answer: A

Explanation:
High-frequency chest wall compression devices are used to externally provide high-frequency airway oscillations that loosen secretions and improve airway clearance.
The chest wall compressions are not sufficient to provide cardiopulmonary circulation during a cardiac arrest, and the frequency is much higher than would be used during a cardiac arrest. Intrapulmonary percussive ventilation and positive expiratory pressure are different forms of therapy that are used to manage secretions.

Question: 10

Which of the following is TRUE for a patient who is not on comfort care and who has a Glasgow Coma Score (GCS) of 7?

A. The patient should be evaluated for the ability to protect their airway and only endotracheally intubated if they are unable to do so
B. The patient should be closely monitored, as endotracheal intubation will likely be necessary if the GCS is lower than 7
C. No intervention or advanced monitoring is needed for this patient
D. The patient must have their airway secured, preferably by endotracheal intubation if possible

Answer: D

Explanation:
Any patient who has a GCS of lower than 8 and has not opted out of life-saving interventions should have their airway secured. A GCS of lower than 8 is a sufficient reason to intubate a patient.
If the patient does not require further evaluation, a GCS of less than 8 is sufficient evaluation to determine that intubation is necessary. The statement that a GCS of less than 7 requires intubation is incorrect; it is at a GCS of less than 8 that this becomes necessary. The statement that no intervention or advanced monitoring is needed for this patient is incorrect.

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